

Hypoglycemia Billing and Coding

 **Severe hypoglycemia** is a severe event characterized by altered mental and/or physical functioning that **requires assistance from another person for recovery**, irrespective of glucose level.

 In people with diabetes, prior hypoglycemic events (especially Level 2 and Level 3 events) represent the strongest risk factor for hypoglycemia recurrence.

 If left untreated for too long, severe hypoglycemia can lead to brain or organ damage or even death.

Hypoglycemia ICD-10 Codes

E16.A1

Hypoglycemia Level 1

Glycemic criteria:

<70 mg/dL (<3.9 mmol/L)
AND
≥54 mg/dL (≥3.0 mmol/L)



E16.A2

Hypoglycemia Level 2

Glycemic criteria:

<54 mg/dL (<3.0 mmol/L)



E16.A3

Hypoglycemia Level 3: Severe Hypoglycemic Events

Severe hypoglycemic events are characterized by altered mental and/or physical functioning that requires assistance from another person, irrespective of glucose level

E16.0

**Drug-induced
hypoglycemia
without coma**

E16.1

**Other
hypoglycemia**

E16.2

**Hypoglycemia,
unspecified**

E10.64*

**Type 1 diabetes
mellitus with
hypoglycemia**

E11.64*

**Type 2 diabetes
mellitus with
hypoglycemia**

*Codes E10.64 and E11.64 require further specificity for coding, such as presence or absence of coma.

Benefits of coding hypoglycemia within the electronic health record (EHR):

- Per the *Standards of Care in Diabetes* of the American Diabetes Association®, episodes of hypoglycemia should be documented in the EHR to inform quality improvement considering previous hypoglycemic events are a strong predictor of future risk.
- Documenting severe hypoglycemia in the EHR could support insurance coverage for technologies or therapies that help reduce the risk of future severe events.
- Preventive therapies, including proactive surveillance of glycemic outliers and an interprofessional data-driven approach to glycemic management, showed that hypoglycemic episodes in the hospital could be reduced or prevented by 56–80%.
- The Joint Commission recommends all hypoglycemic episodes in the hospital be evaluated for a root cause and the episodes be aggregated and reviewed to address systemic issues and possible solutions.

